

St. Bartholomew's Hospital



JOURNAL.

VOL. XI.—No. 10.]

JULY, 1904.

[PRICE SIXPENCE.

NOTICE.

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The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, The Warden's House, St. Bartholomew's Hospital, E.C. Telephone: 4953, Holborn.

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St. Bartholomew's Hospital Journal,

JULY 1st, 1904.

*“Æquam memento rebus in arduis
Servare mentem.”—Horace, Book ii, Ode iii.*

Editorial Notes.

Of late our attention has been called to the consideration of the *raison d'être* of hospital journals. We have considered the matter fully with a view to our own JOURNAL; this is the property of the Students' Union, of which every registered student of the Hospital—past and present—is a member. At present there are about 2000 subscribers to the JOURNAL, and their wishes must be consulted. We notice that a contemporary says that “a hospital gazette should be a complete reflection of the varied and highly specialised life of both mind and body that is led by those within the

boundaries of a great hospital and a great medical school.” Perhaps! but at all events our JOURNAL must be interesting, and it must be personal. Let our first task therefore be, as it always has been, to publish matter of general interest concerning the Hospital and those connected with it. Leading articles are out of place in a hospital journal; we prefer to publish our comments upon passing events in the form of short notes. Next we must give an account of the doings of the various clubs of the Union; these may be uninteresting to our older subscribers, but still there are 600 present students, all members of the clubs. Then comes the publication of papers and lectures, and let us emphatically say at the outset that our Hospital JOURNAL does not exist solely to instruct—it is not a minor edition of the *British Medical Journal* or the *Lancet*. However, we are only too glad to publish original papers by subscribers, but many of these papers are too long. Therefore we propose either to ask the authors to send us their papers in abstract, that is to say to occupy not more than five or six columns, or else to publish the longer papers *in extenso* as a supplement to the JOURNAL if the author is willing to pay half the cost of publication, say £2, for which he will receive fifty copies of his paper in pamphlet form. To us this seems reasonable, and we hope that it will meet with the approval of those who have supplied us in the past with papers for the asking. Welcome and certain of publication are notes of cases and short papers, long papers are difficult to handle. Our next task is to amuse, and this is not easy. In this case we would not be personal, but let us, remembering that it takes a wise man to be a fool, have humour, not wit. We therefore appeal to our readers to send us any short contributions, poems, sketches, etc., in lighter vein. A busy general practitioner has little enough time for reading at all, and he will certainly never read the JOURNAL if it contains only long papers and dull notes about various promotions or prize-winners, with a few cricket or swimming matches. Students, too, should learn to appreciate at an early stage in their career the humorous side of our professional work. Text-books are so dull.

What priceless gems may be gleaned from the casualty and out-patient departments day by day, and these are forgotten or, worse, not recognised. Still, the JOURNAL has not been filled, and we have room for short articles (three or four columns) upon subjects of general interest,—for example Dr. Norman Moore's articles of exceptional interest concerning the foundation and early history of the Hospital. One old Bartholomew's man has given us his experience about motor cars; will not another send us "Something about Partnerships" or other such? We propose to give a calendar each month with the subjects of the clinical and special lectures when this is possible, and also a time-table of the hours of attendance of the members of the Staff from time to time for the convenience of those old Bartholomew's men who send up cases from the country.

* * *

WEDNESDAY, July 6th, is the great day. His Majesty the King, our Patron, will lay the Foundation Stone of the New Out-patient Department, etc., at half-past twelve o'clock, and he will be accompanied by Her Majesty the Queen, as we have already mentioned in the JOURNAL.

* * *

DR. NORMAN MOORE has written the inscription on the stone, but we are not at liberty to print it in this number of the JOURNAL. We hope to publish another article from Dr. Moore's pen, with a woodcut reproduction of the stone, in a special number which will appear in the middle of July.

* * *

THEIR Majesties, we learn, will come to the ceremony in semi-State, and the great occasion promises to be historical. The Lord Mayor and the Bishop of London will attend to represent the civic and ecclesiastical communities of the City. After the stone has been laid, the Prince of Wales, the President of the Hospital, will read an address to His Majesty, and Her Majesty the Queen will receive her charge as a Governor of the Hospital, and will be presented with a small model wand instead of the usual wand which is given to Governors on their appointment. Madame Albani and other artistes have very kindly promised to sing the National Anthem, and the Band of the Coldstream Guards will play during the ceremony.

* * *

ALL preparations as regards the accommodation of spectators are well in hand. A great marquee-stand to seat 3000 has been erected on the old Christ's Hospital site as an amphitheatre, surrounding a central platform on which Their Majesties will be received by the Treasurer, and where the ceremonies will take place. We are asked to state that most of the invitations have been sent already, but if any Bartholomew's man who wishes to be present will communicate with Sir Ernest Flower or Mr. Cross, his application will be considered, and further invitations will be sent out as far as accommodation will allow. Preference will naturally be given to those Bartholomew's men who

have already sent in subscriptions or collecting cards on behalf of the Appeal Fund. Every present student will receive one ticket of admission if he send in an application through the Secretary of the Students' Union to Mr. Cross before June 30th.

* * *

THERE will be a guard of honour of the Honourable Artillery Company drawn up on the vacant space in front of the marquee-stand, and the Post Office Volunteer Corps will line the route from the new site to the Little Britain entrance.

* * *

AFTER the ceremony is over their Majesties will drive by the Little Britain Entrance into the Hospital Square in order to see the convalescent patients, and will leave the Hospital by King Henry VIII's gate.

* * *

THE Past and Present Annual Festivities took place at Winchmore Hill on Wednesday, June 8th, and were from many points of view a great success. The weather threatened in the morning, but eventually proved beautifully fine, though there was a cold wind. The ground looked well, and there was a very fair attendance, especially of ladies. What happens to the men? We cannot understand the ethics of the present-day student who takes the holiday—given for the Past and Present Day at Winchmore Hill—and goes home to knit his stockings or what not. Surely he does not read his books on a fine summer afternoon, and if he plays, why is he not playing or talking or seeing at Winchmore Hill, his own club ground, for which he pays £300 rent every year. We counted of the spectators more nurses than students, and we believe that nearly every nurse in the Hospital who was not on duty was present during some part of the afternoon, and there were as many members of the Staff as students present. Where, too, is the Past? Just a handful of men, chiefly those taking part in the cricket and tennis matches, was all that we could see. This should be a day of reunion for Past and Present. The Finance Committee spared no effort, and every one who was present voted the day a success.

* * *

As for the matches, the Present won both the cricket and the tennis matches; unfortunately the Past teams were not very representative. The Present won the cricket match by 71 runs. Details and the scores will be found in another column.

* * *

THE tennis games were not very interesting. The Present won by 5 matches to 4. Next year we hope to see the institution of a tennis tournament for all members of the Hospital who care to play; this would arouse more interest generally, and we have been wondering if it would be possible to hold the finals of the Athletic Sports on the same day, then it would be a regular gala day for the clubs.

THE Athletic Sports were held at Winchmore Hill on Wednesday, June 22nd. A full account will appear in the next issue of the JOURNAL.

* * *

IN passing, however, let us congratulate the Athletic Club Committee on having made such a great success of the first sports held at Winchmore Hill. We will look for further improvements next year.

* * *

THE thanks of all are due to the generosity of Dr. and Mrs. Herringham, who made a handsome gift to the Club in the shape of four sets of hurdles and two hammers; and also to Mr. Bowlby, who very generously gave five guineas towards the expenses of the prizes.

* * *

THE Inter-Hospital Athletic Sports have been fixed for Saturday, July 9th, at Stamford Bridge.

* * *

THE Junior Staff Concert will be held on Friday, July 1st, in the Great Hall, at 8 p.m., and promises to be as great a success as usual. The Choral Society and the Orchestra have been at constant practice, so that the inquest room is seldom unoccupied. The Junior Staff, also, is well up to date with its part of the programme.

* * *

THE sixth and eighth Decennial Contemporary Clubs Dinners will be over by the time this number is in the hands of subscribers. However, there is still the seventh Decennial Club's Dinner, which will be held on Wednesday, July 6th, at the Trocadero Restaurant.

* * *

WELCOME signs of activity have manifested themselves on the top floor of the west block. A spare room has been transformed into a Coborn operating theatre. We hope that it will prove a great boon to the junior house surgeons that are to come. It is very trying and anxious work to search for pus in the deep tissues of the neck on a table in the ward with the light of one or two lamps. The British workman has, after several attempts, managed to put the basins and sinks in the right place, though they may not be of the pattern that we should have advised.

* * *

THERE are other signs of activity theatre-wards. Various lines are mapped out day by day on the quoit ground, between the college and the east block. We wake up each morning and find the lines of a different colour and moved a few feet further to the right or the left. We believe an enemy hath done this and moved his neighbour's landmark, not wishing the prospective operating theatres to interfere with the light in his study. However, two new structures will be erected shortly as temporary operating theatres until such time as our new Hospital is built. How essential these theatres are will not be realised by those who do not know the difficulty of arranging for all the

necessary operations. The surgeon in charge of each special department ought undoubtedly to have the free use of one theatre during the afternoon of his attendance in his department. Up to the present such a surgeon either must do his operations in the surgery, with relative discomfort, or wait till six o'clock or so until other operations have been finished, or else do them in the wards.

* * *

IN this connection, we are glad to learn that those ominous chalk lines on the racquet court meant nothing. They only appeared in consequence of some prospective alterations in the laws of the wall-game which Mr. Bruce Clarke and Mr. Lockwood have ruled out of order.

* * *

WE call the attention of the present students and those senior men still about the Hospital to an article in another column concerning the new system of catering which comes into force on June 27th. We would urge all men to give their best support to this venture, because success at the start augurs well for the Students' Union, when it is in a position to take over control of the catering.

* * *

THE following prizes have been awarded :

Lawrence Scholarship.—C. M. H. Howell.

Brackenbury Scholarship (Surgical).—A. Hamilton.

Kirkes Scholarship.—E. E. Maples.

Senior Scholarship (Anatomy, Chemistry, Physiology).—P. L. Guiseppi.

Junior Scholarship (Anatomy, Biology).—T L. Bomford, H. H. King.

Harvey Prize.—H. Blakeway.

Hichens Prize.—H. D. Davis.

Wix Prize.—C. A. Stidston.

Burrows Prize { E. H. Shaw } equal.
K. S. Wise }

Skynner Prize.—K. S. Wise.

Bentley Prize.—J. R. R. Trist.

* * *

WE are glad to note that 4 out of 10 candidates from here for the Final Fellowship Examination of the College of Surgeons were successful. This compares very favourably with the total pass list of 18 out of 65 candidates. We congratulate our quartet most heartily on obtaining this high degree.

* * *

WE congratulate Dr. Horton-Smith and Dr. Horder on their appointments as Medical Registrars to the Hospital.

* * *

DR. EUSTACE TALBOT has been appointed Junior Curator of the Museum.

* * *

MR. T. J. FAULDER has been elected Junior Demonstrator of Anatomy.

* * *

DR. F. A. BAINBRIDGE has been appointed to the new post of Demonstrator of Pharmacology. We congratulate him heartily on winning the Horton-Smith Prize at Cambridge, which always falls to a Bartholomew's man.

* * *

WE congratulate Mr. Sydney R. Scott on being appointed Senior Surgeon to Out-patients, and Surgeon in charge of the Aural and Throat Department to the Evelina Hospital for Sick Children.

* * *

THE Honorary Degree of M.C. has been conferred upon Professor Marsh by the University of Cambridge.

* * *

MR. W. MCADAM ECCLES has been appointed an Examiner in Anatomy for the 1st Fellowship Examination of the Royal College of Surgeons of England.

* * *

MR. EDGAR WILLETT has taken the M.D. Degree at Oxford, Mr. C. Fisher the same degree at Durham, and Mr. J. B. Cook at the Victoria University.

* * *

MONDAY, July 18th, has been fixed for the Annual Prize Day. The Bishop of London has very kindly consented to distribute the prizes. His presence alone should ensure a large gathering, for he is indeed a friend of St. Bartholomew's. We recall with delight his speech at the Mansion House early in this year, in which he told us how he had paid many unofficial visits to our wards, *incognito* (if that be possible!), and had always found all things well-ordered and well-considered.

* * *

WE would also remind our readers that the Bishop is preaching on the following Sunday, July 24th, in St. Paul's, the City Cathedral, on behalf of St. Bartholomew's, the City Hospital. We hope that this will arouse in the citizens of London a keen sense of patriotism and will urge them to support their hospital in its need.

* * *

THE concert so generously arranged by Signorina Ravogli in aid of the Hospital appeal was a great success, and realized £609 for the Funds. The Hospital owes a debt of gratitude to all those who so kindly gave their best services on its behalf.

* * *

THE following is the additional list of St. Bartholomew's men who have subscribed to the General Appeal Fund and also to the Special Pathological Fund instituted by the JOURNAL.

GENERAL FUND.

	£	s.	d.
Amount already published .	4859	3	6
C. J. Heath, Esq., F.R.C.S.	5	5	0
G. B. Whitelaw, Esq.	1	1	0
Hunley Clarke, Esq.	5	5	0
H. C. Bevan, Esq.	1	1	0
Gilbert Barling, Esq., F.R.C.S.	10	10	0
*E. C. Cripps, Esq.	5	5	0
In Memory of W. J. Walsham, Esq. (per Mrs. Walsham)	100	0	0
*W. T. Holmes Spicer, Esq., F.R.C.S.	50	0	0
Harold Austen, Esq., M.D.	25	0	0
Royal Horse Guards (per Surgeon-Major Hugh Rayner)	10	10	0
*F. C. Shrubsall, Esq., M.D.	10	10	0
F. W. Strugnell, Esq.	10	10	0
Collected by F. W. Strugnell, Esq.	109	14	0
J. F. Trewby, Esq.	17	2	0
W. G. Ball, Esq.	9	14	0
H. Blakeway, Esq.	5	5	0
E. Jepson, Esq., M.D.	5	5	0
Kenneth Rogers, Esq., M.D.	5	0	0
W. C. Pickering, Esq.	2	6	0
G. F. Page, Esq.	2	2	0
R. H. Sankey, Esq.	1	10	0
R. Bigg, Esq., M.B.	0	10	0
W. H. Maidlow, Esq., M.D.	3	18	0
A. Barber, Esq.	2	5	6
W. L. Cripps, Esq.	3	2	1
J. Dundas Grant, Esq., M.D.	5	5	0
H. P. Cholmeley, Esq., M.B.	5	0	0
Mrs. Cressy	5	0	0
*Arnold Lyndon, Esq., M.D.	5	0	0
Mrs. Tooth	5	5	0
Per Dr. Ogle—			
Jeremiah Colman, Esq.	10	10	0
W. S. Ogle, Esq.	2	2	0
R. B. Lemon, Esq.	5	5	0
Mrs. Shaen	5	0	0
Miss Bell	5	5	0
Mrs. Ogle	5	0	0
A. Benson, Esq.	5	0	0
Mrs. Hatt Noble	2	2	0
Per R. J. Hillier, Esq.—			
H. S. Adey, Esq.	5	0	0
G. Saunders, Esq., M.D., C.B.	2	0	0
G. T. Clapp, Esq., M.B.	2	2	0
*F. H. Champneys, Esq., M.D.	100	0	0
E. F. Bindloss, Esq.	1	1	0
Mrs. Bindloss	1	1	0
Per E. F. Bindloss, Esq.—			
A. P. Humphrey, Esq.	10	10	0
*H. Symonds, Esq., M.D.	5	5	0
Per C. M. H. Howell, Esq.—			
Eustace E. Palmer, Esq.	100	0	0
Mrs. Eustace Palmer	50	0	0
Mrs. Conrad Howell	25	0	0
Owen Lankester, Esq.	50	0	0
John Adams, Esq., F.R.C.S.	50	0	0
J. P. Cartwright, Esq.	10	10	0
L. T. Giles, Esq., M.B.	10	10	0
F. Coleman, Esq.	5	5	0
C. S. Myers, Esq., M.D.	5	5	0
A. F. Street, Esq., M.D.	5	5	0
J. G. Ogle, Esq., M.D.	5	5	0
J. T. Jackson, Esq.	5	5	0
A. Winkfield, Esq., F.R.C.S.	5	5	0
W. A. Dingle, Esq., M.D.	5	5	0
B. Winstone, Esq., M.D.	5	5	0
W. Bezly Thorne, Esq., M.D.	5	5	0
E. Waggett, Esq., M.B.	5	5	0
Brigade Surgeon Lt.-Col. C. E. Harrison	5	5	0
L. B. Rawling, Esq., F.R.C.S.	5	0	0
*Surgeon W. T. Codrington, R.N.	2	10	0
John Elliott, Esq., M.D.	2	2	0
C. Ernest Baker, Esq., M.B.	2	2	0
T. Lloyd Brown, Esq.	2	2	0
Alban Doran, Esq., F.R.C.S.	2	2	0
Alfred Eddowes, Esq., M.D.	2	2	0
W. P. S. Branson, Esq., M.D.	2	2	0
Stephen Paget, Esq., F.R.C.S.	2	2	0
A. F. Stevens, Esq., M.D.	2	2	0
C. P. Crouch, Esq., F.R.C.S.	5	5	0
E. P. Carmody, Esq.	1	1	0
Collected by H. Cripps Lawrence, Esq., M.D.	26	5	0
P. M. Rivaz, Esq., M.B.	8	10	0

Collected by	John Gay, Esq.	£	s.	d.
"	C. A. Moore, Esq., M.D.	23	12	0
"	Graham Morris, Esq., M.D.	15	4	6
"	William Sheppard, Esq.	8	8	0
"	W. H. Pepler, Esq.	6	1	0
"	W. A. Hume, Esq.	5	5	0
"	G. R. Williams, Esq.	5	5	0
"	C. R. Crowther, Esq.	2	2	0
"	C. Clarke, Esq.	1	1	0
"	B. H. Barton, Esq.	3	4	0
"	N. G. Horner, Esq.	2	16	6
"	C. Williams, Esq.	2	4	6
"	K. Wolferstan, Esq.	0	15	0
"	C. Elliott, Esq.	0	14	0
"	S. R. Scott, Esq., F.R.C.S.	7	0	0
	Total	£5959	3	7

* Has also subscribed to Pathological Fund.

PATHOLOGICAL FUND.

Amount already published	£	s.	d.
M. H. Gordon, Esq., M.B.	585	10	6
Surgeon W. T. Codrington, R.N.	5	5	0
Collected by M. B. Reichwald, Esq.	2	10	0
" C. Clarke, Esq.	30	0	0
" H. A. Eccles, Esq., M.D.	2	3	0
Total	£630	13	6

Obituary.

JAMES MACBRYDE, M.A., M.B., B.C. CANTAB.

JIT is with very great regret that we record the death of James MacBryde, which took place on June 7th. He had been operated upon for an abscess following an attack of appendicitis, and it was hoped for some days that he would recover, but serious symptoms appeared on the fifth day after the operation, from which he never rallied.

MacBryde was educated at Shrewsbury School, from which he went to King's College, Cambridge, in 1893, having decided to take a degree in medicine. It was characteristic of him that having made this resolve he persevered until he accomplished it, in spite of the fact that the work never really interested him, and that much of the routine was increasingly repellent to him. He joined the Hospital in 1897, and here, as at school and Cambridge, his singularly sunny nature won him many friends and no single enemy. After he had obtained his M.B. degree he abandoned medicine, as he had always intended, and devoted himself wholly to the study of art, for which he had so marked a talent. It was his ambition to do black and white work, and those who have been privileged to see the illustrated letters which he wrote to his friend Dr. Montague James, of King's College, can appreciate his great skill and his delightfully individual humour. In this particular line success seemed assured, such success as he would most thoroughly have enjoyed. All must regret the

promise that has been so early blighted ; for those who knew him at Cambridge, or at the Hospital, there remains a more intimate and personal sorrow. For them there is only this consolation, that no mean act, no illtempered word, sullies the fair memory of his most charming companionship.

MacBryde married last year. To his wife in her great sorrow we can only offer our most sincere sympathy.

The Royal Grant of the Site of St. Bartholomew's Hospital.

By NORMAN MOORE, M.D.,
Physician to St. Bartholomew's Hospital.

HTHE kings of England have in three ways conferred benefits on St. Bartholomew's Hospital by gifts, by grants of privileges in charters or letters patent, and by personal beneficence. King Henry I gave the land on which the Hospital stands. King Henry VIII gave the charter under which it is at present administered. King Edward VII, both before his accession and since, has given to its affairs thought and consideration and personal attention. He was elected when Prince of Wales its President or chief ruler on 20th March, 1867, and he has continued the active interest which he took in St. Bartholomew's as its President by accepting, since his accession to the throne, the office of Patron.

The earliest charter of St. Bartholomew's, for it refers both to the Hospital and to the Priory, is the grant of privileges to Rahere, the Prior, and the Canons Regular, and to the poor of the Hospital by King Henry I. Its date is 1133, and the most ancient copy extant is that preserved among the *Carte Antiquæ* in the Public Record Office.

There was an earlier grant at the actual foundation ; for a charter of King Edward III, which describes, under the usual heading of "Insipimus," this charter of 1133 and others, alludes to, and confirms the grant in a previous passage. "Omnis donaciones et concessiones subscriptas videlicet ex dono Henrici regis Anglie primi locum de Smythfuld in quo predicta ecclesia Sancti Bartholomei fundata est cum hospitali pauperum ejusdem ecclesie." The charter of 1133 only mentions the royal grant of land by confirming the possession of the Priory and of the Hospital in the words "Sciatis me concessisse et hac carta mea confirmasse . . . et omnes terras ad eam pertinentes quas nunc habet," so that the charter of Edward III is important as making certain the fact that the gift of the site came from King Henry I. Edward III's charter is dated at Westminster, 10th June, 1333. The statement of the *Liber fundacionis* as to the site is thus confirmed by legal evidence.

Clinical Lecture,

Delivered at St. Bartholomew's Hospital on April 29th, 1904.

By Dr. GEE.

(Reported by Dr. T. J. HORDER.)



ENTLEMEN,—We often hear it said that So-and-So died of a complication of diseases, and that is often true. In the post-mortem room we often see bodies which have scarcely a sound organ. So it is with three or four cases of which I am going to speak today. I have not selected them for this reason, but because they have all been in the hospital recently.

CASE 1.—A boy, *æt.* 16 years, was in an infirmary in June, 1903, suffering from cough and pains in the limbs. He was cyanosed, and had a systolic apex murmur. He got better. In October the cyanosis and dyspnoea returned, but again improved. In December the diagnosis of sarcoma of the mediastinum was made; the face was noticed to be swollen, also the left side of the neck; the heart murmur was again heard.

On admission to Luke ward on January 5th, the boy was anaemic, with blue cheeks and fulness of the lower part of the face. His temperature was 102.5° . The pupils were equal, giving no sign of compression of the sympathetic nerve. There were some enlarged glands in the neck. The sternum and costal cartilages were pushed forward, heart region was bulging. A dilated vein was seen running across the chest. There was no pulsation present. A systolic murmur was heard, but it was soft, and there was no reason to suspect valvular disease. The sternal region was dull to percussion, and yielded weak breath sounds to auscultation. The spleen was palpable. The urine was natural. The vocal cords moved naturally. The blood was natural. The temperature kept about 102° .

With regard to the diagnosis, we considered first pericardial effusion; it might have been this but for the enlarged glands in the neck, which were so marked. My summary at this time reads: "Percussion signs of mediastinal tumour, skiagram confirms. Enlarged glands left side of neck. Enlarged spleen. Blood, larynx, liver natural. Progressive anaemia." On February 25th, after some time in hospital, there was inability to expectorate, suggesting compression of the trachea. About this time we noticed many small black spots over the trunk and limbs, about the size of small pin-heads, not raised but very black. They were blacker and more numerous than moles. The boy himself had noticed them for fourteen days only. They made one at once suspect disease of the supra-renals; I have never seen spots of this kind except in persons who have supra-renal disease; they are the most characteristic sign of the disease, more characteristic than the diffuse pigmentation often described. There was no pigmentation of the mucous membranes, which is also a very important evidence of

supra-renal disease. The pulse was noticed to be very soft. Swallowing was difficult, suggesting pressure on the oesophagus. The red blood corpuscles had sunk much in number, the leucocytes were natural. Two or three weeks afterwards the patient could not swallow solids. Then followed oedema round the eyes and difficult breathing. The boy died.

Post-mortem note.—The supra-renals were small, thin, and atrophied, looking like thick, wet, brown paper. They had quite lost their natural appearance. Dr. Thomas Addison, who discovered supra-renal melasma, assumed that any disease of the supra-renals may cause this pigmentation. After him many physicians, especially Wilks, thought that pigmentation only occurred in tuberculous disease of the supra-renals. One thing is quite certain, the disease in this boy was not tuberculous, yet we were able to arrive at a very strong suspicion that he had supra-renal disease. So I am disposed to think Thomas Addison was correct. Dr. Horder has given me a report of the microscopic appearances. The supra-renals were necrotic, the medulla being for the great part absent. There was a rapidly growing sarcoma, primary in the mediastinum, with secondary growths in the bronchial, mediastinal, and mesenteric glands. The liver was in a condition of acute atrophy with many small haemorrhages.

We had given the boy supra-renal extract as part of his treatment.

CASE 2.—Another complicated case, but a much commoner one. A man, *æt.* 72 years, was admitted on April 7th, complaining of jaundice, shivering fits, and loss of appetite. Assuming that the shivering fits were due to rise of temperature, this combination of jaundice, rigors, and rapid rise of temperature only occurs in one condition—septic inflammation of the gall-bladder or ducts.

Eight weeks before there had been a chill followed by jaundice; there had been several similar attacks since. There was no history of gall-stone colic; no pain in the belly. The patient had never been jaundiced previously.

On admission the patient was deeply jaundiced and wasted. Now deep jaundice, coming on like that in a man of his age, is almost always due to gall-stones or cancer or both. Bearing this in mind, we were on the look-out for cancer. So we examined his neck, deep down behind the clavicles, for enlarged glands. There were none. The liver was somewhat enlarged; it usually is in jaundice, and goes away if the obstruction to the bile passages is relieved. There was no haematemesis, no enlargement of the spleen, no ascites.

We could feel the gall-bladder in the right nipple line, on a level with the umbilicus. It was not tender nor painful. This confirmed our opinion that the ducts were blocked. As to the nature of the distension and the seat of the obstruction we could not say. The patient's age was no

help. I suggested an operation, for if the disease were gall-stones we might save the man's life, if cancer we could do nothing. The probability of gall-stones was less than that of cancer; the coincidence of both is very common. At the operation Mr. Langton found that there was a tumour of the head of the pancreas. The liver was not affected. The gall-bladder was distended by bile. The man died soon afterwards. I have come to regard operations upon the liver as being more dangerous than upon any other abdominal organ.

At the post mortem twenty small gall-stones were found in the gall-bladder; one stone was found in the cystic duct. The common bile-duct and the hepatic duct were dilated, but contained no stones. The opening into the duodenum was narrowed. The opening of the pancreatic duct into the duodenum was also small. The condition seemed to be that of old inflammation causing contraction. The pancreas was not enlarged, but was very hard.

CASE 3.—A woman, æt. 28 years, was admitted to an infirmary on December 28th for vomiting. For eight weeks she had suffered from scalding pains in the stomach. She had become pregnant early in November. Whilst in bed for five weeks in the infirmary the vomiting ceased, but it returned on getting up. Blood was never vomited.

When seen on admission to Hope ward on February 8th, there was no pain or tenderness in the abdomen. The patient was wasted. There were large quantities of greenish-brown vomit.

The colour of the vomit, as it happened, was important, but we did not attach much importance to it at the time, because patients who vomit much often vomit bile. As medicines did no good we washed out the stomach, and found it dilated, holding three and a half pints of fluid. Again, if we had known the nature of the disease we should have understood the dilated stomach. One month after admission we felt the uterus on abdominal palpation, and jumped to the conclusion that the vomiting was the vomiting of pregnancy: though pregnancy would not explain the dilatation of the stomach. Milk was found in the breasts, and contractions of the uterus were felt. The vomiting increased, then there occurred attacks of tetany, with marked cyanosis, the attacks lasting for twenty minutes. Contractions of the stomach were seen.

As the patient was getting worse I suggested that premature labour be induced, and the uterus was emptied. There was some improvement, but a week afterwards the vomiting returned. We thought we had fired our last shot. The patient was readmitted to Hope ward collapsed, with sub-normal temperature and frequent vomiting; there was sharp pain in the back; the pulse was scarcely perceptible. As even whey could not be retained the patient was fed by nutrient enemata. These were soon rejected, the attacks of tetany recurred, *risus sardonicus* appeared, and the patient died comatose.

Post-mortem note.—The stomach was much dilated, the rugæ being absent. In the third part of the duodenum there was a localised annular thickening of the wall of the bowel, above which the duodenum was dilated. There was no ulceration nor enlarged glands, but the condition suggested a malignant growth.

Thus all the symptoms were explained, but we could not hope to diagnose a similar case if we had it again.

Complicated cases such as the three I have referred to are outside the scope of text books. That is one reason why I have brought them before you to-day.

In Unusual Case.

By GRAHAM SMITH WYNNE.

N April 2nd I was called to see Mrs. H—, a multipara in labour. Six previous labours; forceps used once. When I arrived, I found labour had begun four hours previously, and she was having frequent and strong pains. On examination, I found os fully dilated and membranes unruptured. When I ruptured the membranes, about half a pint of liquor amnii came away, and I made out the presentation to be a left occipito-posterior. The head was high up, and did not descend during the pains. Having given chloroform, I put on forceps, but failed to move the head. I then put on the traction rods, but with no better success. I resolved to turn, and, in attempting to seize a leg, I ruptured the cord; so not considering the life of the child, I made no undue haste. During delivery both arms became extended, causing more delay, and the child was born in about ten minutes to all appearances lifeless. Taking it for granted the child must be dead I handed it to the midwife, who put it on the floor, while I directed my attention to the woman. In a few minutes I noticed a noise coming from the child, and in a very short time it was, by means of a little external stimulus, crying lustily! I tied the stump of the cord, which was about two inches long. Not being able to express the placenta, I inserted my hand, and found it firmly adherent anteriorly. I got it away easily, and on examining the cord found it only six inches long. There was very little haemorrhage, but I gave an intra-uterine douche of 1:4000 perchloride. The child weighed six and a half pounds. Puerperium quite normal. Both now doing well.

I have merely stated the facts of the case, which I think are interesting for two reasons. First, the unusual length of the cord; and secondly, the fact that the child lived after being separated from the placenta *in utero* for nearly ten minutes.

On Forensic Medicine.

DR. HERRINGHAM'S *Inaugural Lecture delivered on April 22nd, 1904.*

(Reported by STANLEY B. ATKINSON.)

GENTLEMEN,—I do not look upon any course of lectures as a mere means to getting through an examination. A lecturer can tell you far fewer details than you can learn from books, and, as far as my experience, when I was in the happy state of listening to lectures instead of giving them, teaches me, if a lecture is like a book, give me the book.

What I think a lecturer in Forensic Medicine can do is (1) to present the facts which are given in books in such a way as to make you see which are the important points and which are not: that is, to show you the principles on which practice is based; and (2) to tell you things which will be of importance to you in practice, even though they are not written in books and are not included in examinations.

It is the lot of every medical man at some time or other in his life to appear in a court of law. He may appear as witness. Those are the cases treated of by Forensic Medicine. But also he may appear as plaintiff or defendant. Cases of *malapraxis*, of disputes in partnership, of responsibility to public bodies or of claims upon them, and the law of principal and assistant are but a few of the ways in which he is likely to be involved in civil cases. These customs and legal obligations of your profession are of such great and practical importance to each one of you that I intend to include them in this course.

The object of an honest lawyer, and the same may be said of a lecturer on a legal subject, is to prevent his clients or hearers from following their natural inclination to make fools of themselves. A little knowledge will often save us from an infinity of annoyance. I would strongly urge you that none of you is safe, however shrewd he may be and however honest his purpose, from charges which, though wholly false, may be very injurious. Cases continually arise where you feel it to be a public duty to say something about somebody, and for this *bonâ fide* assertion you may be made to suffer later. Gentlemen, there is nothing that I would so strongly inculcate upon every young practitioner as to join a Medical Defence Society at once, and to join it for ever. Much anxiety will then be avoided should an action be threatened, even if the knowledge of your membership does not prevent the baseless charge from attaining publicity. I shall frequently refer to this subject, and would here recall two illustrative cases which were reported in 1900. A well-known gynaecologist found himself served as a co-respondent in divorce proceedings, instituted by a medical man whose wife he had successfully treated; the

jury dismissed him from the suit. A medical man certified the lunacy of a qualified lady dispenser; he pleaded privilege and justification when sued for libel; the jury found that he had acted maliciously (in the legal sense), but the Court of Appeal quashed their verdict.

From reading text-books and the leading cases they cite, you may be under the false impression that you may have to appear in complicated poisoning or murder trials. That falls to the lot only of an unhappy few. The Coroner's Court is where each of you will be found as a witness, and to proceedings in that court most of our attention will be directed, when in considering the general principles in giving medical evidence.

You are all aware of what happens after an ordinary death? Registration of the alleged fact must be effected within five days, and usually a medical certificate as to the immediate cause must be presented. (*Here a form of the certificate was passed round.*) If you attended the deceased and are satisfied with the natural cause of his death, you must give the certificate, without fee, and even if there is little chance of your bill being paid. There are two notable fallacies in the official wording of the certificate; they are acknowledged by the Registrar-General, and the London County Council has drafted a Bill to obviate their continuance—(a) "*during the last illness*,"—in chronic diseases and cancer this may be very vaguely interpreted; (b) "*as I am informed*:" if you write this formula you need not see the corpse—you certify the cause and not the fact of death. I may quote the recent Malone case in Dublin and Browning case in London to illustrate how insurance money may be fraudulently obtained after a bogus "death."

Many people are buried, however, on the registrar's order alone; concerning these "uncertified deaths," he has not received a medical certificate. As the law now is, the registrar need only satisfy himself, on the testimony of laymen, that the death resulted from "natural causes." Indeed the burial authorities may inter a coffin without such an order, but then they must inform at once, under penalty, the registrar. "Where there is reasonable cause to suspect that a person has died either a violent or an unnatural death, or has died a sudden death of which the cause is unknown, a coroner's inquest shall be held." Although under no legal duty so to do, the medical man usually informs the coroner of the fact of such a death. The coroner is not bound to hold an inquisition; he may merely issue a burial order. Disputes may here arise if the cause of death is "unknown." A medical coroner is more likely to summon a jury, and thus aid the national vital statistics; a legal or lay coroner has Sir James Stephen's judicial support in refusing to be too inquisitorial and pathologically precise. The particular medical man called is entirely at the discretion—or indiscretion—of the coroner and his jury. The recent practice of retaining a

